

ISSUE SI,IP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	KO	JCS/705	04-03-01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ Rejected  
 = Allowed  
 - (Through numeral) Canceled  
 + Restricted

Non-elected  
 A EST AVAILABLE COPY  
 0 Objected

Claim	Date
Final Original	
1	2/6/02
2	2/9/02
3	1/3/03
4	2/14/03
5	8/13/03
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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